STATEMENT OF

FORM 1	ORGANIZA (See instructions			Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Mylan Inc. PA(C/MYPAC			
ADDRESS (number and s	1500 Corporate Dr.			
(Check if address is changed)	Cannonsburg		PA	15317
		CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-m caire.pena@mylan.co			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA4. IS THIS STATEM		C00332395 AMENDED (A)		
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my know Freasurer Rich Wheland	rledge and belief it is true, correct	and complete	
Signature of Treasurer	Electronically Filed by Rich Whela	and	Date 12 ^M	10 / 2009
NOTE: Submission of fal-	se, erroneous, or incomplete information may		·	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)